Effective October 1, 2001								<u> </u>	•				
CLAIMS AS FILED - F (Column 1						ımn 2)	SMAI TYPE		NTITY	OR	OTHER SMALL		
TOTAL CLAIMS							RA	TE.	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$	9=		OR	X\$18=		ĺ
INDEPENDENT CLAIMS			m	lnus 3 =	ŧ		X4	2=		OR	X 84=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+14	n=		OR	+280=		
* If	the difference	in column 1 is	less than z	ero, enter	"0" in a	column 2	TOT		<u>.</u>	OR	TOTAL		
CLAIMS AS AMENDED -					T II	(Calumn 3)			ENTITY	OR	OTHER SMALL I		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	. 26	Minus	"	20	-6	X \$	9=		OR	X \$ 18=	1080	٠,
AME	Independent	NTATION OF MU	Minus	***	3		X4:	2=		OR	X84=		Š
<u> </u>	FIRST PRESE	NIATION OF MU	JUITPLE DE	PENDEN	COMIN		414	Ø=.		OR	+2 80=		
	R						T(ADDIT.	JTAL. FEE		OR	TOTAL ADDIT: FEE		
	17	(Column 1)		(Colu		(Column 3)							
SNT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	Ber Jusly	PRESENT EXTRA	FRA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.26	Minus	**2	6-		X\$	9=		OR	X\$18=		
WE	Independent	. 3	Minus	***	3	=	X4:	}=		·OR	X84=		
	FIRST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT	CLAIM		+14	ሰ			+280=		G-
							L	MAL.		OR OR	TOTAL		
		45		/61	61	(Muluman D)	ADDIT.	PEE	L	lou.	AODIT. FEE		
		(Column 1) GLAIMS		(Colui High	ESI	(Calumn 3)			ADDI-			Atarai	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PHEVIO EAID	JUSLY	PRESENT EXTRA	RAT	Έ	TIONAL. FEE .		RAITE	ADDI- TIONAL FEE.	
	Tate!	ė.	Minus	5:0	•	8	XŞ	9=	•	OR	X\$18⊨·	•	
	Andependent	ŧ.	Minus	464	701 4114		X42	E		OR	X84≃		
L_	FIRST PRÉSENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	÷280≔	•	
* If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** If the entry in column 1 is itsee than the entry in column 2, write "o" in column 3. ** ADOIT. FEE									·				
***	""If the "Mighest Number Previously Pold For" IN THIS SPACE Is toss than S, enter "3." The "Mighest Number Previously Pold For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO 678 (Rew 6/01) POINT ENS TRACEMENT CEDE, U.S. DEPARTMENT OF COMMERCE													

Application or Docket Number

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL I	ENTITY	OR	OTHER SMALL	
FO	R	NU	JMBER FILED	NUMBER	EXTRA	RATE	FEE) I	RATE	FEE
BAS	SIC FEE						345.00	OR		690.00
TOTAL CLAIMS						X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *								OR	X78=	
MÜ	TIPLE DEPEN	DENT CĽA	IM PRESENT	+130=		OR	+260=			
, If	the difference	iń column	1 is less than ze	TOTAL		OR	TOTAL	1090		
										THAN
, e 4, 79.	ere en	(Columi	n 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIM REMAINI AFTER AMENDM	ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=	·	OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=		OR	X78=	1
284	FIRST PRESE	NTATION	OF MULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	* .
						TOTAL			TOTAL	
ADDIT. FEEOR ADIT. FEEOR ADDIT. F										Ŷ,
AMENDMENT B		CLAIM REMAIN AFTE AMENDM	IS IING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	** ,	=	X\$ 9=		OR	X\$18=	•
AME	Independent		Minus	***	=	X39=	· 	OR	X78 ₌	•
	FIRST PRESE	NTATION (OF MULTIPLE DE	PENDENT CLAIN		+130=			+260=	
BEST AVAILABLE COPY								OR OR	TOTAL	
						ADDIT. FEE		Un	ADDIT. FEE	i
		(Colum		(Column 2) HIGHEST	(Column 3)		4001) l		460:
AMENDMENT C		REMAIN AFTE AMENDM	IING R	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΨQ	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39=			X78=	
lacksquare	FIRST PRESE	NTATION	OF MULTIPLE DE	PENDENT CLAIM		703-		OR		
		4 ! 4	Albamatha a de la de	O #OP :	aliuma 2	+130=		OR	+260=	
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

MENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total	*	Minus	**	=					
AMEN	Independent	*	Minus	***	=					
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

X84=

+280=

TOTAL

X42 =

+140=

ADDIT, FEE

TOTAL